VOLUNTARY CERTIFIED ACCESS SPECIALIST PROGRAM

Please Print or Type all Information – or you may fill out on-line and print for signatures ALL FIELDS MUST BE FILLED IN PER INSTRUCTIONS

CANDIDATE ELIGIBILITY APPLICATION

NOTE: This is not an examination registration. This is a candidate eligibility application, based upon the Voluntary Certified Access Specialist (CASp) Program screening criteria, to determine eligibility of a candidate to take an examination for voluntary certification as an Access Specialist.

INSTRUCTIONS: Read the following instructions carefully before completing this application. Please complete the application on a typewriter or personal computer or print in ink. All questions must be answered completely and accurately. You may be disqualified for any false or misleading statements or for omitting information. The information you furnish will be used to determine your eligibility for taking the Certified Access Specialist certification examination.

Signature – Your signature and the date signed is required. If the application is not signed, it may be rejected. Even though a notice will be sent to you, it may result in your being found ineligible for examination.

FEES: Fees for the program are broken down as authorized by Government Code Section 4459.8(b), as follows:

- (A) Initial certification. Total fee for initial certification is \$1,600.00
 - (1) \$500.00 Candidate Eligibility Application Review Fee: This fee is non-refundable and will cover the administrative cost of application processing and eligibility evaluation. It is required for all new candidates, and is due at the time the application is submitted.
 - (2) \$800.00 Candidate Examination Fee: This fee is non-refundable and will cover the cost of examination process administration. Fee is due at registration.
 - (3) \$300.00 Certification Fee: This fee is non-refundable and will cover program administration costs over the initial three-year term of certification. Fee is due when you are notified of having passed the examination.

- (B) Certification renewal. Total fee for certification renewal is \$500.00
 - (1) \$200.00 Verfication of Continuing Education Units prior to certification renewal: This fee is non-refundable and will cover administration costs for reassessment of qualifications related to renewal of certification, prior to expiration of the current term of certification. Fee is due with the application for certification renewal prior to expiration of current certification.
 - (2) \$300.00 Certification Renewal Fee: This fee is non-refundable and will cover program administration over an additional three-year term of certification. Fee is due upon notification of approval of renewal.

ALSO NOTE: Your completed application and other information submitted to the Program administering the examination becomes the property of the State of California and will become confidential pursuant to Government Code Section 18934. This Application will not be returned; therefore, we recommend that you keep a copy of your completed application for your personal records.

To start the process, please make check payable to "CASp Program" for the candidate eligibility application fee and mail it along with this form to:

> DIVISION of THE STATE ARCHITECT CASp PROGRAM 1102 Q Street, Suite 5100 Sacramento, CA 95811 Attention: Elizabeth Randolph

If you have any questions or concerns please call Elizabeth Randolph at (916) 323-2737 or email elizabeth.randolph@dgs.ca.gov.

PRINT OR TYPE - PLEASE SEE INSTRUCTIONS ON FRONT PAGE

Circle/Check One: M	Ir Ms	Mrs.	Dr. 🗌
Last Name:	First Name:	Middle Initia	l:
Street Address:			
	<u>:</u>		
City:	State:	Zip:	
County:			
Primary Phone: () Alterna	ite Phone: ()	
eMail:			
Business/Organization	n Name/Employer:		
Title:			
			·

Applicant's Last name:	First name:	
EDUCATION AND EXPERIENCE:		

Minimum candidate education and experience eligibility for examination acceptance may be satisfied by:

EITHER:

(A)1 Education: Thirty semester units of college coursework with major work in Architecture, Architectural Technology, Building Science, City and Regional Planning, Civil Engineering, Construction Management, Environmental Design, Industrial Design, Interior Architecture/Design, Landscape Architecture, Urban and Regional Design; and

(A)2 Experience: Two years of employment:

- a) by a code enforcement agency (state, city, and/or county building department); as a plan reviewer, building inspector, or consulting entity; or
- b) by a licensed architect, licensed landscape architect, interior designer, registered civil engineer and/or registered structural engineer and with responsibility for planning, design, and/or field inspection; or
- c) as a licensed general contractor (Class A or B); or
- d) by a licensed general contractor as a superintendent with project management oversight.

Education and experience history

Instructions for (A)(1): You must include a complete record of your training and educational background. If more space is needed, attach additional sheets.

Name and	Course of study	Comp	oleted	Degree	Date Completed
location of		Semester	Quarter	Received	
college or		Units	Units		
university					

Employment/work experience history

Instruction for (A)(2): You must include two years of employment record. If more space is needed, attach additional sheets.

From(mo/yr)	To (mo/yr)	Title/Job Classification	
Total worked (yrs/mo)		Company/Consulting Firm/Agency Name	Phone Number
Address			

OR:



Applicant's Last name:	First name:
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(B)1 Education: High school diploma or GED; and

(B)2 Experience: Four years of employment:

- a) by a code enforcement agency (state, city, and/or county building department); as a plan reviewer, building inspector, or consulting entity; or
- b) by a licensed architect, licensed landscape architect, interior designer, registered civil engineer and/or registered structural engineer and with responsibility for planning, design, and/or field inspection; or
- c) as a licensed general contractor (Class A or B); or
- d) by a licensed general contractor as a superintendent with project management oversight.

Instructions for (B)(2): Submit a complete record of your paid and/or volunteer experience which relates to the qualification requirements specified above under Subsection (b). The work experience will be used to determine if you meet the stated qualifications. List all relevant jobs regardless of duration, including part-time employment during the last ten years. If more space is needed, attach additional sheets.

From(mo/yr)	To (mo/yr)	Title/Job Classification	
Total worked (yrs/mo)		Company/Consulting Firm/Agency Name	Phone Number
Address			
From(mo/yr)	To (mo/yr)	Title/Job Classification	
Total worked (yrs/mo)		Company/Consulting Firm/Agency Name	Phone Number
Address			

OR:

Applicant's Last name:	First name:		
(C) Three years of employment in a specialized area of disability access rights, conducting assessments of facilities to determine adequacy related to the specific needs of the disability community.			
Instructions for (C): You shall submit evidence of an acceptable background preparation, indicating a personal history of a minimum of three (3) years experience in a specialized area of disability access rights, attesting to the accomplishments of the applicant. Qualifying evidence shall include at least one (1) written endorsement by a recognized organization testifying to this experience in the area of specialization. Examples of recognized organizations in areas of specialization can be, but not limited to, California Council for the Blind, Californians for Disabled Rights, National Association of the Deaf, etc.			
From(mo/yr) To (mo/yr)	Title/Job Classification		
Total worked (yrs/mo)	Company/Consulting Firm/Agency Name	Phone Number	
Address			
OR:			
(D) Professional license, or registration, issued by the State of California as an architect, landscape architect, civil engineer, and/or structural engineer.			
Instruction for (D): please provide the following, as applicable:			
• License #	Expiration date:		
Registration #	Expiration date:		

Applicant's Last name:	First name:
DACKOROLIND INFORMATION (DI FASE A	NOWED THE FOLLOWING OUESTIONS).
BACKGROUND INFORMATION (PLEASE A	NSWER THE FOLLOWING QUESTIONS):
1. Have you ever had a license, or registra	tion suspended, revoked or denied in any state?* Yes No
*If yes, please explain:	
Have you ever been convicted of, pled g any misdemeanor or felony?*	uilty to, or pled nolo contendere (no contest) to
any misuemeanor or leiony:	Yes □
	No 🗍
thoroughly explain the acts or circumstar dismissed pursuant to Penal Code section must be disclosed. Additionally, be sure county and state where the violations too sentences imposed; jail/prison terms ser	ctions, including violated law sections, and inces which resulted in conviction. Convictions on 1203.4 (or an applicable code of another state) to include the following: dates of convictions; ok place; name of the court; court case numbers; eved; terms and conditions of parole or probation; and parole agent/probation officer names and phone

*NOTE: YOU MAY OMIT:

- a) Traffic infractions for which the fine imposed was \$350 or less.
- b) Any offense which was adjudicated in a juvenile court or under a youth offender law.
- c) Any incident that has been sealed or disposed under Welfare and Institutions Code Section 781 or Penal Code Sections 1000.5 and 1203.45.

Applicant's Last name:	First name:
SIGNATURE, PLEASE READ BE rejected)	EFORE SIGNING (If not signed, this application may be
understood this application form, a and complete to the best of my kn incorrect statements may result in authorize the employers and educ	nat I am the person indicated above, that I have read and and the information I have entered on this application is true nowledge. I further understand that any false, incomplete, or my disqualification from the examination eligibility process. I cational institutions identified on this application to release any rning my employment or education related to this application to
APPLICANT SIGNATURE	DATE SIGNED
your package to answe	complete application package. You may need to refer to er questions that DSA might have during the review of your provide copies of your application package or experience by are submitted.
FOR OFFICE USE ONLY	
Fee paid □ Yes □ No	
Check #	